

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *09/241,780* FILING DATE *10/11/00*
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		1			
TOTAL DEP.	4		8			
TOTAL CLAIMS	9		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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